

Exhibit “A”

Agency Case Number GP220017771		Agency NCIC Number GA0670200		GEORGIA MOTOR VEHICLE CRASH REPORT				County GWINNETT		Date Rec. by GDOT	
Estimated Crash Date 02/23/2022 Time 18:57		Dispatch Date 02/23/2022 Time 19:00		Arrival Date 02/23/2022 Time 19:15		Total Number of Vehicles 3 Injuries 1 Fatalities 0		Inside City Of			
Road of Occurrence I-85 NB				At Its Intersection With LAWRENCEVILLE SUWANEE RD				<input type="checkbox"/> Corrected Report <input type="checkbox"/> Sup To Original <input type="checkbox"/> Hit and Run			
Not At Its Intersection But _____				Of _____							
Latitude (Y) 34.025813 (Format) 00.00000				Longitude (X) -84.0532203 (Format) -00.00000							
Unit # 1	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Ped <input type="checkbox"/> Bike	LAST NAME VAZEMILLER Address 1310 SETTLES RD		FIRST VICTOR	MIDDLE	Unit # 2	<input type="checkbox"/> Driver <input type="checkbox"/> Ped <input type="checkbox"/> Bike	LAST NAME KOWSKI Address 315 PARIS DR NW		FIRST RESI	MIDDLE ANNELIE
<input checked="" type="checkbox"/> Susp At Fault						<input type="checkbox"/> Susp At Fault					
City SUWANEE		State GA	Zip 30024	DOB 09/21/1971		City LAWRENCEVILLE		State GA	Zip 30043	DOB 08/06/1969	
Driver's License No. XYR031		Class CP	State GA	Country US		Driver's License No. 064694950		Class C	State GA	Country US	
Insurance Co. PROGRESSIVE MOUN		Policy No. 06520551	Telephone No. (770) 231-5694			Insurance Co. LIBERTY MUTUAL		Policy No. AOS25812395340	Telephone No. (404) 402-6325		
Year 2018		Make General Motors Corp.	Model 4WD			Year 2020		Make Honda	Model Civic (and CRX)		
VIN 1GT12TEY6JF269908		Vehicle Color White				VIN SHHFK7H81LU205399		Vehicle Color Silver			
Tag # XYR031	State GA	County FORSYTH	Year 2022			Tag # CNG9311	State GA	County GWINNETT	Year 2022		
Trailer Tag #	State	County	Year			Trailer Tag #	State	County	Year		
<input type="checkbox"/> Same as Driver		Owner's Last Name VAZEMILLER		First VICTOR	Middle	<input checked="" type="checkbox"/> Same as Driver		Owner's Last Name KOWSKI		First RESI	Middle ANNELIE
Address 1310 SETTLES RD						Address 315 PARIS DR					
City SUWANEE		State GA	Zip 30024			City LAWRENCEVILLE		State GA	Zip 30043		
Removed By: WILLARDS <input type="checkbox"/> Request <input type="checkbox"/> List						Removed By: <input type="checkbox"/> Request <input checked="" type="checkbox"/> List					
Alco Test: No	Type:	Results:	Drug Test: No	Type:	Results:	Alco Test: No	Type:	Results:	Drug Test: No	Type:	Results:
First Harmful Event: 11		Most Harmful Event: 11		Operator/Ped Cond: 1		First Harmful Event: 11		Most Harmful Event: 11		Operator/Ped Cond: 1	
Operator Contributing Factors: 3						Operator Contributing Factors: 1					
Vehicle Contributing Factors: 1			Roadway Contributing Factors: 10			Vehicle Contributing Factors: 1			Roadway Contributing Factors: 10		
Direction of Travel: 1		Vehicle Maneuver: 5		Non-Motor Maneuver:		Direction of Travel: 1		Vehicle Maneuver: 5		Non-Motor Maneuver:	
Vehicle Class: 1		Vehicle Type: 2		Vision Obscured: 1		Vehicle Class: 1		Vehicle Type: 1		Vision Obscured: 1	
Number of Occupants: 1		Area of Initial Contact: 12		Damage to Veh: 4		Number of Occupants: 1		Area of Initial Contact: 6		Damage to Veh: 3	
Traffic-Way Flow: 3		Road Comp: 2		Road Character: 1		Traffic-Way Flow:		Road Comp:		Road Character:	
Number of Lanes: 6		Posted Speed: 70		Work Zone: 0		Number of Lanes:		Posted Speed:		Work Zone:	
Traffic Control: 1						Traffic Control:					
Device Inoperative: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Device Inoperative: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Citation Information: Citation # PE0043966 O.C.G.A. § 40-6-49(a)						Citation Information: Citation # _____ O.C.G.A. § _____					
Citation # _____ O.C.G.A. § _____						Citation # _____ O.C.G.A. § _____					
Citation # _____ O.C.G.A. § _____						Citation # _____ O.C.G.A. § _____					
COMMERCIAL MOTOR VEHICLES ONLY											
Carrier Name:						Carrier Name:					
Address		City	State	Zip		Address		City	State	Zip	
U.S. D.O.T. #		No. of Axles		G.V.W.R.		U.S. D.O.T. #		No. of Axles		G.V.W.R.	
Cargo Body Type	Vehicle Config.	<input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate		Fed. Reportable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Cargo Body Type	Vehicle Config.	<input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate		Fed. Reportable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
C.D.L.?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	C.D.L. Suspended?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		C.D.L.?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	C.D.L. Suspended?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Vehicle Placarded?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hazardous Materials?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vehicle Placarded?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hazardous Materials?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Haz Mat Released? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Haz Mat Released? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If YES: Name or four Digit Number from Diamond or Box: _____						If YES: Name or four Digit Number from Diamond or Box: _____					
One Digit Number from Bottom of Diamond: _____						One Digit Number from Bottom of Diamond: _____					
<input type="checkbox"/> Ran Off Road <input type="checkbox"/> Down Hill Runaway <input type="checkbox"/> Cargo Loss or Shift <input type="checkbox"/> Separation of Units						<input type="checkbox"/> Ran Off Road <input type="checkbox"/> Down Hill Runaway <input type="checkbox"/> Cargo Loss or Shift <input type="checkbox"/> Separation of Units					

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Time 18:57		Time 19:00		Time 19:15				Fatalities 0		Inside City Of	
Road of Occurrence I-85 NB				At Its Intersection With LAWRENCEVILLE SUWANEE RD				<input type="checkbox"/> Corrected Report <input type="checkbox"/> Sup To Original <input type="checkbox"/> Hit and Run			
Not At Its Intersection But _____				Of _____							
Latitude (Y) 34.025813 (Format) 00.00000				Longitude (X) -84.0532203 (Format) -00.00000							
Unit # 3		<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Ped <input type="checkbox"/> Bike		LAST NAME CHARANIA		FIRST TASLIM		MIDDLE AMIRALI		Unit #	
<input type="checkbox"/> Susp At Fault				Address 2136 WORRALL HILL DR NW						<input type="checkbox"/> Susp At Fault	
City DULUTH		State GA		Zip 30096		DOB 12/29/1980		City		State	
Driver's License No. 053846714		Class C		State GA		Country US		Driver's License No.		State	
Insurance Co. MID CENTURY		Policy No. 192818874		Telephone No. (678) 467-1101				Insurance Co.		Policy No.	
Year 2011		Make Honda		Model Odyssey (minivan)				Year		Make	
VIN 5FNRL5H95BB077059		Vehicle Color Silver						VIN		Vehicle Color	
Tag # RLX8050		State GA		County GWINNETT		Year 2022		Tag #		State	
Trailer Tag #		State		County		Year		Trailer Tag #		State	
<input checked="" type="checkbox"/> Same as Driver		Owner's Last Name CHARANIA		First TASLIM		Middle AMIRALI		<input type="checkbox"/> Same as Driver		Owner's Last Name	
Address 2136 WORRALL HILL DR								Address			
City DULUTH		State GA		Zip 30096				City		State	
Removed By:				<input type="checkbox"/> Request <input checked="" type="checkbox"/> List				Removed By:		<input type="checkbox"/> Request <input type="checkbox"/> List	
Alco Test: No		Type:		Results:		Drug Test: No		Type:		Results:	
First Harmful Event: 11		Most Harmful Event: 11		Operator/Ped Cond: 1				First Harmful Event:		Most Harmful Event:	
Operator Contributing Factors: 1								Operator Contributing Factors:			
Vehicle Contributing Factors: 1		Roadway Contributing Factors: 10						Vehicle Contributing Factors:		Roadway Contributing Factors:	
Direction of Travel: 1		Vehicle Maneuver: 5		Non-Motor Maneuver:				Direction of Travel:		Vehicle Maneuver:	
Vehicle Class: 1		Vehicle Type: 1		Vision Obscured: 1				Vehicle Class:		Vehicle Type:	
Number of Occupants: 2		Area of Initial Contact: 6		Damage to Veh: 4				Number of Occupants:		Area of Initial Contact:	
Traffic-Way Flow: 3		Road Comp: 2		Road Character: 1				Traffic-Way Flow:		Road Comp:	
Number of Lanes: 6		Posted Speed: 70		Work Zone: 0				Number of Lanes:		Posted Speed:	
Traffic Control: 1		Device Inoperative: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Traffic Control:		Device Inoperative: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Citation Information:								Citation Information:			
Citation # _____		O.C.G.A. § _____						Citation # _____		O.C.G.A. § _____	
Citation # _____		O.C.G.A. § _____						Citation # _____		O.C.G.A. § _____	
Citation # _____		O.C.G.A. § _____						Citation # _____		O.C.G.A. § _____	
COMMERCIAL MOTOR VEHICLES ONLY											
Carrier Name:								Carrier Name:			
Address		City		State		Zip		Address		City	
U.S. D.O.T. #		No. of Axles		G.V.W.R.				U.S. D.O.T. #		No. of Axles	
Cargo Body Type		Vehicle Config.		<input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate		Fed. Reportable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Cargo Body Type		Vehicle Config.	
C.D.L.?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		C.D.L. Suspended?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		C.D.L.?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vehicle Placarded?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Hazardous Materials?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vehicle Placarded?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Haz Mat Released?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Haz Mat Released?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES: Name or four Digit Number from Diamond or Box: _____								If YES: Name or four Digit Number from Diamond or Box: _____			
One Digit Number from Bottom of Diamond: _____								One Digit Number from Bottom of Diamond: _____			
<input type="checkbox"/> Ran Off Road		<input type="checkbox"/> Down Hill Runaway		<input type="checkbox"/> Cargo Loss or Shift		<input type="checkbox"/> Separation of Units		<input type="checkbox"/> Ran Off Road		<input type="checkbox"/> Down Hill Runaway	

COLLISION FIELDS

Manner of Collision: 3	Location at Area of Impact: 7	Weather: 1	Surface Condition: 1	Light Condition: 4
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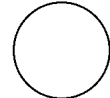
NARRATIVE

D1 SAID HE WAS DRIVING NORTH DOWN I-85 APPROACHING LAWRENCEVILLE-SUWANEE RD EXIT, WHEN A TRACTOR TRAILOR WAS DRIVING AGGRESSIVE BEHIND HIM. HE SAID HE MOVED OVER TO THE RIGHT LANE, AND DID NOT HAVE ENOUGH TIME TO PROPERLY BRAKE, AND REAR ENDED D2'S VEHICLE.

D2 SAID SHE WAS DRIVING STRAIGHT DOWN I-85 NB WHEN SHE WAS REAR ENDED BY D1, WHICH FORCED HER TO HIT D3'S REAR END.

DIAGRAM

INDICATE
NORTH



THOMPSON, F.C. #2212
06/23/2023
CASE #GA220011111

PROPERTY DAMAGE INFORMATION

Damage Other Than Vehicle:	Owner:
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WITNESS INFORMATION

Name (Last, First)	Address	City	State	Zip Code	Telephone Number
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OCCUPANT INFORMATION

1	Name (Last, First): VAZEMILLER, VICTOR					Address: 1310 SETTLES RD, SUWANEE, GA 30024				
	Age: 50	Sex: M	Unit # 1	Position: 1	Safety Eq: 3	Ejected: 1	Extricated: 2	Air Bag: 2	Injury: 0	Taken for Treatment: 2
	Injured Taken To:		By:		EMS Notified Time (Fatality Only):		EMS Arrival Time (Fatality Only):		Hospital Arrival Time (Fatality Only):	
2	Name (Last, First): KOWSKI, RESI					Address: 315 PARIS DR NW, LAWRENCEVILLE, GA 30043				
	Age: 52	Sex: F	Unit # 2	Position: 1	Safety Eq: 3	Ejected: 1	Extricated: 2	Air Bag: 10	Injury: 3	Taken for Treatment: 2
	Injured Taken To: NORTHSIDE GWINNETT H		By: MED 20		EMS Notified Time (Fatality Only):		EMS Arrival Time (Fatality Only):		Hospital Arrival Time (Fatality Only):	
3	Name (Last, First): CHARANIA, TASLIM					Address: 2136 WORRALL HILL DR NW, DULUTH, GA 30096				
	Age: 41	Sex: F	Unit # 3	Position: 1	Safety Eq: 3	Ejected: 1	Extricated: 2	Air Bag: 2	Injury: 0	Taken for Treatment: 2
	Injured Taken To:		By:		EMS Notified Time (Fatality Only):		EMS Arrival Time (Fatality Only):		Hospital Arrival Time (Fatality Only):	
4	Name (Last, First): CHARANIA, ZAISHA					Address: 315 PARIS DR NW, LAWRENCEVILLE, GA 30043				
	Age: 9	Sex: F	Unit # 3	Position: 6	Safety Eq: 3	Ejected: 1	Extricated: 2	Air Bag: 2	Injury: 0	Taken for Treatment:
	Injured Taken To:		By:		EMS Notified Time (Fatality Only):		EMS Arrival Time (Fatality Only):		Hospital Arrival Time (Fatality Only):	

ADMINISTRATIVE

Photos Taken: <input type="checkbox"/> Yes By: <input checked="" type="checkbox"/> No			Officer Note: If collision resulted in a fatality, please send prompt notification to the GDOT Crash Reporting Unit via either email at GeorgiaFARS@dot.ga.gov or Fax at (404) 635-2963.		
Report By: Thompson, Fabian C	Agency: Gwinnett County Police Dep.	Report Date:	Checked By: Lake, Craig K	Date Checked: 02/24/2022	

**SUPPLEMENT
GEORGIA MOTOR VEHICLE CRASH REPORT**

Agency Case Number: GP220017771

Estimated Crash Date: 02/23/2022 18:57

Officer Name: Thompson, Fabian C

NARRATIVE CONTINUED

D2 SUSTAINED INJURIES AND WAS TRANSPORTED TO NORTHSIDE GWINNETT HOSPITAL FOR INJURIES.

D3 SAID SHE WAS DRIVING STRAIGHT DOWN I-85 NB APPROACHING THE SUWANEE EXIT, WHEN SHE WAS REAR ENDED BY D2.

D1 WAS GIVEN A CITATION FOR FOLLOWING TOO CLOSE.

ADDITIONAL CITATION INFORMATION

Unit # ____:	Unit # ____:
Citation # _____ O.C.G.A. § _____	Citation # _____ O.C.G.A. § _____
Citation # _____ O.C.G.A. § _____	Citation # _____ O.C.G.A. § _____
Citation # _____ O.C.G.A. § _____	Citation # _____ O.C.G.A. § _____
Citation # _____ O.C.G.A. § _____	Citation # _____ O.C.G.A. § _____
Citation # _____ O.C.G.A. § _____	Citation # _____ O.C.G.A. § _____
Citation # _____ O.C.G.A. § _____	Citation # _____ O.C.G.A. § _____
Citation # _____ O.C.G.A. § _____	Citation # _____ O.C.G.A. § _____

ADDITIONAL OCCUPANT INFORMATION

Name (Last, First):					Address:				
Age:	Sex:	Unit #	Position:	Safety Eq:	Ejected:	Extricated:	Air Bag:	Injury:	Taken for Treatment:
Injured Taken To:		By:		EMS Notified Time (Fatality Only):		EMS Arrival Time (Fatality Only):		Hospital Arrival Time (Fatality Only):	

Name (Last, First):					Address:				
Age:	Sex:	Unit #	Position:	Safety Eq:	Ejected:	Extricated:	Air Bag:	Injury:	Taken for Treatment:
Injured Taken To:		By:		EMS Notified Time (Fatality Only):		EMS Arrival Time (Fatality Only):		Hospital Arrival Time (Fatality Only):	

Name (Last, First):					Address:				
Age:	Sex:	Unit #	Position:	Safety Eq:	Ejected:	Extricated:	Air Bag:	Injury:	Taken for Treatment:
Injured Taken To:		By:		EMS Notified Time (Fatality Only):		EMS Arrival Time (Fatality Only):		Hospital Arrival Time (Fatality Only):	

Name (Last, First):					Address:				
Age:	Sex:	Unit #	Position:	Safety Eq:	Ejected:	Extricated:	Air Bag:	Injury:	Taken for Treatment:
Injured Taken To:		By:		EMS Notified Time (Fatality Only):		EMS Arrival Time (Fatality Only):		Hospital Arrival Time (Fatality Only):	